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For action

Country programme recommendation**

India

Summary

The present document contains the final country programme recommendation for Board approval. The country note (E/ICEF/1997/P/L.9) was presented and discussed at the first regular Executive Board session in January 1997. A decision was taken subsequently to extend the 1996-1997 bridging programme for an additional year and to prepare a country programme for the present session. Since the country note remained valid, it was resubmitted to the Executive Board at its first regular session in January 1998.

The Executive Director *recommends* that the Executive Board approve the country programme of India for the period 1999 to 2002 in the amount of $120,042,000 from general resources, subject to the availability of funds, and $180,000,000 in supplementary funds, subject to the availability of specific-purpose contributions.

* E/ICEF/1998/12.

** The original country note provided only indicative figures for estimated programme cooperation. The figures provided in the present document are final and take into account unspent balances of programme cooperation at the end of 1997. They will be contained in the "Summary of 1998 recommendations for general resources and supplementary funding programmes" (E/ICEF/1998/P/L.21).

Contents

		Page
The situation of children and women		3
Programme cooperation, 1996-1998		3
Recommended programme cooperation, 1999-2002		5
List of tables		
1.	Basic statistics on children and women	9
2.	Expenditure under previous cooperation period, 1996-1998	11
3.	Planned yearly expenditures	12
4.	Linkage of programme budget and staffing/staff costs	14

The situation of children and women

1. During the 50 years of India's independence, progress has been made in all spheres of development and towards guaranteeing children their rights to survival, development and protection. The process has been accelerated by ratification of the Convention on the Rights of the Child in 1992, Constitutional Amendments on decentralized governance effected in 1993 and increased attention to key infrastucture investments in the social sector. The emergence of increasingly widespread and active grass-roots movements is evidence of greater civil society influence and involvement in development.

2. Achievements in the well-being of children include continued reductions in vaccine-preventable diseases, near universal salt iodization, 85 per cent access to safe drinking water and the virtual eradication of dracunculiasis. Pulse polio has been at the centre of a remarkable mobilization nationwide, putting the eradication of polio within reach. Gains also have been made in the physical provision of primary schools, with nearly 95 per cent of children having good access. Famine has become largely a phenomenon of the past, with self-sufficiency in food supply and improvements in the food distribution system.

3. Nevertheless, the magnitude of the child population in India — currently 380 million below the age of 18 years - and the diverse and disparate settings in which they live continue to present major challenges in meeting the rights of all children. Some 2 million children still die every year before the age of one year. Fifty-three per cent of children under five years of age are moderately or severely malnourished. Almost 100 million children between 6-14 years old do not attend school and are vulnerable to exploitation such as child labour. Every year approximately 125,000 women die of pregnancy-related complications. With the number of HIV-positive individuals estimated at 3 million, HIV/AIDS has infiltrated beyond the high-risk behaviour groups into the general population, affecting an increasing number of women and newborns.

4. Wide disparities exist in the fulfilment of children and women's rights in terms of geographic location, caste and gender. Infant mortality rates (IMRs) vary significantly between states; those among the Scheduled Castes population are 18 per cent higher than the national average. Within the rapidly growing urban areas, disparities are marked by acute deprivations among the urban poor, with children living in slums often worse off than their rural counterparts.

5. Severe anti-female bias at all ages, the low status of women, and poor access of girls and women to basic social services adversely affect the fulfilment of their rights. Girls face discrimination, neglect and negative social values, with the strong preference for sons persisting. Women's capacity to access information and make decisions in the household and community remains low. Young girls and women bear a heavy burden of domestic work. Poor care, including domestic violence and abuse, manifests itself in widespread malnutrition, illness and anaemia among adolescent girls and women, which contribute to the low birth weight of nearly one third of newborns and are prime causes of infant and child malnutrition.

6. Although immunization coverage has risen over the past decade, surveys indicate that in certain districts, no more than one third of infants are fully immunized. Unhygienic conditions, poor sanitation and inadequate shelter lead to infections, including diarrhoea and other childhood illnesses. High levels of malnutrition, often beginning before six months of age, continue through the vulnerable years of early childhood. Environmental conditions faced by the urban poor give rise to serious concern.

7. Despite progress, primary education is denied to nearly one half of India's children. Many of them drop out because of the poor state of primary schools, with overcrowding and high pupil-teacher ratios, and the inability of many families to support their learning which results in low learning achievements. Between the ages of 8-14 years, the protection rights of children are particularly prone to abuse by adults, either through economic exploitation or their becoming neglected street children. Considerable and increasing numbers of girls are entrapped in prostitution. Protection remains inadequate for many other children, especially those with physical and mental disabilities, or those in conflict situations.

8. Despite the enormous task of realizing all the rights of all children in India, recent political and economic developments point to favourable trends. Opportunities for community ownership of development programmes have been created by the 73rd and 74th Constitutional Amendments, which provide for the reservation of one third of seats for women in the elected local bodies, the *panchayats* in rural areas and *nagarpalikas* in urban areas. The empowerment of women has been reinforced by total literacy campaigns and the organization of women around micro credit-saving schemes. Important leadership in protecting child rights has been assumed by the judiciary. Recent landmarks in legal reform include a bill to make elementary education a fundamental right, presently in Parliament, and the Supreme Court judgement requiring greater efforts towards eliminating child labour in hazardous industries.

PROGRAMME COOPERATION, 1996-1998

9. The previous "bridging" programme (1996-1997, and extended to 1998) continued to support efforts to achieve the goals of the World Summit for Children as contained in the National Plan of Action for Children. Emphasis was placed on promoting child rights more

comprehensively through exploring the operational implications of a rights perspective at state level; further refining cross-cutting and programme strategies; carrying out policy analysis and advocacy; evaluating and drawing lessons from experience; and more closely integrating the programme with the emerging priorities of the national 9th Five-Year Plan. New strategic directions included shifting the focus of efforts to address malnutrition towards the very young child; promoting universal and compulsory primary education to eliminate and prevent child labour; and focusing on sanitation in the promotion of improved hygiene practices.

10. Community empowerment, especially of women, through convergent community action (CCA) was tested in rural and urban areas. It aimed to bring government service agencies into a closer and more responsive relationship with informed and actively participating communities. Capacity-building was initiated to support the devolution of development responsibilities to local bodies, with a first round of training of 100,000 elected women leaders. In urban areas, community-based organizations, including neighbourhood committees led by women, have demonstrated their value in bringing about change at the local level and in serving as a link to social sector actions in line with the CCA approach.

11. In health, support to child survival and safe motherhood (CSSM) saw the completion of training of front-line workers in almost all states. A new national programme of reproductive and child health (RCH), incorporating a more demand-driven and gender-sensitive approach to women's and children's health, was launched. With the equipping of first referral units, efforts shifted towards ensuring their appropriate staffing and improving community referral to subdistrict and district levels. Efforts were made to lower the risks associated with maternity through the promotion of birth spacing and increased coverage of antenatal care. Information and communication activities for preventing HIV/AIDS infection through specific healthy lifestyles education programmes for schoolchildren and college/rural youth were supported.

12. In nutrition, a new focus on feeding during pregnancy and the introduction of timely complementary feeding were launched in the context of efforts to better understand and promote improved caring practices. An integrated approach to combating iron deficiency anaemia was developed, with improved packaging of iron folic acid tablets and information for women. Efforts to eliminate iodine deficiency focused on salt iodization at the manufacturers' level and the promotion and monitoring of the availability of iodized salt in the community. For early childhood development, efforts were supported in the experimental Integrated Child Development Services (ICDS) blocks to make the *anganwadi* centres more attractive and to stimulate learning environments for the young child, linking the *anganwadi* to the primary school.

13. There was a significant shift in strategy for the child's environment in view of growing national capacities and achievements in the drinking water sector. The gradual phasing out of support to the national drilling programme allowed a focus on the emerging issues of water quality. Support continued for the development of a diversified set of low-cost and appropriate technologies, such as rainwater harvesting and hydro-fracturing, to serve difficult areas. In 1998, an independent national evaluation of guinea worm disease validated the zero case reporting by all states.

14. Although fulfilment of earlier Government commitments to allocate 6 per cent of gross domestic product to education proved elusive, increased external financing was directed to primary education with World Bank and European Union funding. UNICEF support focused on approaches to improve enrolment, attendance, quality and learning achievement that could be taken to scale by the Government. Activities to enhance competencies, skills and motivation were supported to empower teachers, along with simple methods to measure the learning process and milestones for use by parents and village education committees. In collaboration with the United Nations Development Programme, the United Nations Population Fund, the United Nations Educational, Scientific and Cultural Organization and the International Labour Organization, the first joint United Nations Education Initiative was pioneered. It centred on making the community a partner in participating and managing the school, and in improving the quality and accessibility of primary education.

15. New strategies were adopted to promote child protection, in collaboration with the Government and civil society. Partnerships were established with the National Human Rights Commission, the National Commission for Women, a range of non-governmental organizations (NGOs), the legal profession, the media, the private sector and trade unions. Support to innovative interventions of NGOs, such as the Rugmark Foundation, and working closely with district administrations, have shown the feasibility of rehabilitating children removed from hazardous and bonded labour. The nature, extent and causes of child trafficking and prostitution were documented and publicized. Advocacy continued for the recognition of the special needs of street children, commercial sex workers and children affected by HIV/AIDS.

16. Initial experience with multiple indicator cluster surveys (MICS) for measuring achievement of goals for women and children has helped to develop a survey system with representative information on each World Summit goal. This is now being applied for monitoring progress at national, state and local levels. During the programme period there were major evaluations of universal salt iodization; CSSM and water and environmental sanitation programmes, undertaken jointly with participating donors; and coverage evaluation surveys of National Immunization Days for polio eradication.

Lessons learned

17. First, the fulfilment of child rights does not correlate with levels of income in a predictable manner. For instance, discrimination against girls and anti-female biases are striking in Punjab and Haryana, two of the wealthiest states in the country. Kerala, Mizoram, Himachal Pradesh and Nagaland, all states with comparatively low per capita income, have performed impressively in ensuring the right to primary education. Extremely poor tribal communities give relatively more equality to girls and women.

18. Evidence also confirms that the assurance of women's rights is crucial for the fulfilment of child rights. A high degree of empowerment can emanate from collective action by women themselves, as well as from improvements in their access to information. Support to thrift and credit societies and self-help groups has been especially important in providing opportunities for the formation of women's groups. The confidence gained from successful management of these funds spill over into other areas of women's lives.

19. Action to address child rights in a highly stratified society must rest firmly at the community level. Child rights are most likely to be fulfilled if they are translated into goals that can be closely monitored by the community. The value of participatory training for front-line workers to change their attitudes towards the poor and improve their skills has been increasingly recognized. Local elected bodies have strong potential to promote these efforts.

20. Recent experience also suggests that, while legislation provides an enabling context by setting societal standards, change occurs only when civil society is mobilized around issues of child rights. A mix of public pressure, judicial activism and mobilization of appropriate partners can quickly generate new policy responses and interventions for children. Sustained advocacy has been crucial for public acceptance of new societal norms, bringing about changes in attitudes and making resource allocation patterns more favourable for children.

Recommended programme cooperation, 1999–2002

General resources: $120,042,000
Supplementary funding: $180,000,000

Recommended programme cooperation a/

(In thousands of United States dollars)

	General resources	*Supplementary funds*	*Total*
Child and women's health	16 000	83 000	99 000
Education	20 000	28 000	48 000
Child development and nutrition	21 500	22 000	43 500
Child's environment	20 000	28 000	48 000
Convergent community action	10 006	4 500	14 506
Advocacy and communication for child rights	6 259	4 000	10 259
Planning, monitoring and evaluation	3 986	500	4 486
Child protection	7 172	10 000	17 172
Cross-sectoral costs	15 119	-	15 119
Total	**120 042**	**180 000**	**300 042**

a/ The breakdown for estimated yearly expenditures is given in table 3.

Country programme preparation process

21. The preparation of the new Government of India–UNICEF programme of cooperation was based on the development of an analytical and causality framework that emphasizes the interrelated nature of the problems affecting children, and on the central role of the status and position of women in society in addressing these conditions. The 9th Five-Year Plan incorporated in its approach paper the principles of child rights, with convergence and decentralization as cross-cutting strategies for social development. The situation analysis

examined areas of neglect, disparities and extreme violations. Assessments on major themes also were carried out by external experts. State-level meetings were held in 1997 to better identify "unreached" children and to conduct stakeholder analyses of child rights.

22. Ongoing review and dialogue with a wide range of partners culminated in a strategy meeting held in September 1996 with the Planning Commission, the National Commission for Women, the National Human Rights Commission as well as government ministries and departments. Consultations were held with government and civil society partners, as well as with representatives of United Nations agencies and heads of country missions in India. In preparing the programme, bilateral donors contributed to evaluations in key areas such as health, water and sanitation. Individual missions of bilateral agencies also have made important inputs, as has cooperation with other United Nations partners in the development of the United Nations Development Assistance Framework (UNDAF).

Objectives and strategies

23. The overall goal of the country programme is the realization of the rights of all children and women in rural and urban communities through the achievement of the following major goals by the year 2000: (a) to reduce the IMR and under-five mortality rate (U5MR) to at least 50 and 70 per 1,000 live births, respectively; (b) to reduce the maternal mortality ratio from 437 to below 300 per 100,000 live births; (c) to reduce severe and moderate malnutrition by at least 50 per cent of 1990 levels; (d) universal access to safe drinking water; (e) increased access to sanitation from the present level of 30 to 75 per cent; (f) universal access to primary education; and (g) the elimination of child labour, especially bonded and hazardous child labour. The programme aims to place and keep children high on the political agenda at all levels, and will strive to ensure that children have a "first call" on the country's resources. It will seek to accelerate achievement of the goals for children, creating awareness that progress is essential to the broader attack on poverty, population pressure and environmental degradation.

24. The country programme is driven by four strategic thrusts. Building and strengthening partnerships assumes a new significance in the child rights context. Alliances of central, state, district and local governments, as well as civil society partners need to be mobilized as a "caring community" that will accelerate actions to meet obligations to children. Decentralized community action will be promoted to respond to the diverse settings across the country and as a means of addressing the profound disparities that often impede the fulfilment of children's rights. Enhancing women's capabilities is especially important. Programmes will give greater emphasis to improving the position of women and strengthening their decision-making in the community. Ensuring convergence of basic social services around families most in need, yet presently unreached, has emerged as a further key strategic component. UNICEF support will aim to: (a) strengthen knowledge for decision-making, sharpen social policy analysis and improve planning for children; (b) broaden awareness and understanding of child rights; and (c) improve the effectiveness and efficiency of service delivery and upgrade its quality.

Child and women's health

25. In this programme, the new national RCH programme will give greater attention to quality, sensitivity to gender concerns and attitudes of service providers, particularly towards women and disadvantaged groups. UNICEF cooperation will aim to (a) strengthen the capacity of communities to express the health needs of children and women more effectively; (b) enable government health workers to respond with greater accountability to the community, and with sensitivity to the needs of neglected groups; and (c) improve the capacity of health systems to provide quality services. Attention will be given to the revitalization of primary health care subcentres through appropriate training and supervision. The reduction of still unacceptably high maternal mortality, especially in the northern and eastern states, will receive major attention through ensuring effective links between the communities and the first referral units for emergency obstetric care. Emphasis will be given to improved monitoring and participatory training methods. These will be reinforced by improved case management of childhood illnesses, adapting the World Health Organization/UNICEF protocol on Integrated Management of Childhood Illnesses and the Mother-Baby package to conditions across the country and focusing on the crucial neonatal period. At the national level, UNICEF will continue to support major mobilizations to eradicate polio. As part of its collaboration with the Joint and Cosponsored United Nations Programme on HIV/AIDS, UNICEF will support efforts to reduce the vertical transmission of HIV, prevent risk behaviours among youth, introduce the subject in school curricula and combat discrimination against children and women infected with HIV/AIDS.

Education

26. Cooperation in this programme is framed by recent legal actions to reinforce the universal right to elementary education. Advocacy will be intensified to bring about public acceptance of elementary education as a societal norm for all children and as a means to eliminate child labour. This will include a communication and media campaign and efforts to mobilize the needed resources. At the community level, efforts will centre on addressing critical issues of quality in the classroom. The child's active learning capacity will be improved by concentrating on the "quality" triangle, i.e. improving the quality of the child as an active learner, school-community partnerships through expanding opportunities for community participation, and the teacher's interaction in the classroom. This will include efforts to strengthen multigrade teaching as well as the promotion of Minimum Levels of

Learning. Teachers' empowerment will benefit from cluster resource centres. Special attention will be paid to reaching girls and reducing social disparities in educational achievements. The Joint United Nations Education project will pioneer efforts to strengthen decentralized planning of education, improve quality of data, forge stronger links with ECD programmes, and create community monitoring systems for ensuring that all children attend school.

Child development and nutrition

27. This programme will aim to reduce malnutrition among young children, adolescents and women in an integrated manner. Malnutrition will be highlighted as a rights issue and a development priority, with support given to alliances of NGOs and Government to make the nature and scale of malnutrition more visible and a target of intersectoral action. The nationwide infrastructure of *anganwadis* (child-care centres) will be mobilized under ICDS to reach out to children in the most vulnerable 0-2 year age group, focusing on caring practices and creating a safe environment in the household. Support will be expanded to address micronutrient deficiencies through improved coverage of iron folic acid supplements to prevent anaemia; testing the fortification of selected foodstuffs with micronutrients; and expanding the social marketing of iron and vitamin A supplements to vulnerable groups. Progress towards universal salt iodization will be supported by a shift in strategy towards building and reinforcing the monitoring system needed for sustainability and continued advocacy. Strategies will be identified with partners for ECD, preparatory to increased investment in this field. Efforts will be intensified to improve the quality of early childhood stimulation in *anganwadis*, and to introduce child-centred, active learning that will facilitate a natural progression from ECD to primary schooling.

Child's environment

28. The programme will address the interlinked areas of sanitation, hygiene and water supply. With significant achievements in the provision of safe drinking water, the programme strategy will shift to focus more intensively on environmental sanitation and hygiene, and re-position UNICEF support to drinking water. Support to increasing sanitation coverage will include major efforts in social mobilization and behavioural change, using schools as key channels to establish new community norms; the provision of sanitation options appropriate for different income levels; the scaling up of "alternative" sanitation marketing and delivery systems; and community action. In selected urban slum communities, an integrated approach, bringing together sanitation, water, nutrition and health inputs, will be designed and tested. The focus in drinking water supply will be on (a) reaching communities presently not reached; (b) improving water quality; and (c) the broader concerns of sustainability, including the urgency of conserving fresh water resources. The development of systems for water quality monitoring and surveillance will concentrate on areas where problems of quality threaten the water environment. UNICEF resources will focus on developing approaches that will help communities plan, monitor and manage their own water, sanitation and family hygiene environment. Advocacy on fresh water resources will be in partnership with NGOs such as the World Wide Fund for Nature.

Convergent community action

29. This will continue to be applied as a strategy to instil community-based planning, implementation and monitoring throughout activities supported under the country programme. The design and development of intersectoral approaches, with indicators to measure processes in support of rights fulfilment, will be focused in 50 districts. The strategy also reflects the decentralization of governance to respond to community priorities, and seeks to strengthen this process through building the capacities of elected members of *panchayats* and *nagarpalikas*, especially women. Some 500,000 women members of local government bodies will be trained. City planning systems will be supported by improved information mechanisms on the situation of poor urban children and women, especially through community mapping and participatory learning and action. The special circumstances in urban slums, which foster criminality and violence, will need to be more clearly understood.

Advocacy and communication for child rights

30. This programme will promote policies and programmes to ensure wide public knowledge of the challenges, commitment and essential actions to build a climate for achieving child rights. Special attention will be given at both national and state levels to strengthen follow-up and reporting on the Convention of the Rights of the Child as well as for the review, revision and enforcement of laws in line with the principles of the Convention. The advocacy strategy will focus particularly on establishing the concept of the "caring community" for children, aimed at changing attitudes at policy, societal and service levels. Advocacy will address all rights of children as articulated in the Convention, with an emphasis on themes such as compulsory primary education, child protection, nutrition, the urban and migrant child, and the girl child.

Planning, monitoring and evaluation

31. The programme will provide critical inputs to improving the quality, efficiency and effectiveness of programme interventions. They will enable UNICEF to improve its internal operations and serve as an effective knowledge-based institution. The programme will focus on (a) social policy analysis; (b) strengthening the evaluation component of the programme; and (c) expanding the use and refining approaches to monitoring goals for children at national and subnational levels. A wide

range of evaluations and studies will be supported. Indicators will be developed at all levels for each programme and its objectives. Lessons learned from evaluations will feed back into the policy process and be used to leverage funds for children from Government and donors. New community-based monitoring systems will be developed, with support provided to national- and state-level data systems for children. Support also will be provided for major surveys, including the further development and use of MICS for monitoring goals. The new rights-based situation analysis will be developed further and updated on an annual basis.

Child protection

32. The programme aims to reach children excluded from development and social services, including child labourers, especially bonded child labourers; child prostitutes; street children; and children in conflict with the law. The programme strategy will focus on prevention through primary education and community processes, with particular attention to measures to tackle discrimination against girls. Selective support will be given to initiatives to release and rehabilitate children from child labour and prostitution, with a view to strengthening the knowledge of viable approaches and to document and disseminate these successes. The Juvenile Justice Act and its enforcement will be reviewed. Since violations of child protection rights stem from deeply ingrained social, economic and cultural systems, the programme will seek to promote systemic changes to protect these rights. Consistent with India's commitment in the South Asian Association for Regional Cooperation, the programme will work closely with the United Nations Development Fund for Women and others to develop strategies for preventing child trafficking and bonded child labour as well as to mobilize public opinion and wider civil society to set new societal norms to prevent all such flagrant violations of child rights.

Collaboration with other agencies and partners

33. UNDAF is under preparation with the participation of all United Nations agencies working in India. In addition to continuing to contribute to the development of UNDAF, UNICEF will work within its framework to ensure maximum complementarity between the goals and strategies of the different United Nations agencies. Efforts will be made to generate common advocacy positions by the United Nations system on issues affecting children and to strengthen approaches to critical cross-cutting concerns such as gender, community empowerment, local governance and human rights. UNICEF will collaborate closely with the World Bank, the Swedish International Development Agency, the Canadian International Development Agency, the United States Agency for International Development, the Australian Agency for International Development, the Department for International Development (United Kingdom), and the development missions of the Netherlands, Germany, Norway, Japan, Denmark and other countries.

Programme management

34. In keeping with the development diversity within India, the country programme of cooperation is substantially decentralized. The priorities, nature and mix of support will vary according to the situation in different states and regions. Six states (Assam, Bihar, Madhya Pradesh, Orissa, Rajasthan and Uttar Pradesh), which account for nearly 45 per cent of India's children, will receive intensive UNICEF support. These states face major inadequacies in the fulfilment of children's rights, and deficiencies in public administration and governance. In states with a better provision of basic social services and a better performance on child rights, UNICEF-Government of India support will focus on reaching communities that are neglected and relatively deprived; on improving the quality of services; and on monitoring and capacity-building for social policy analysis and evaluation. In the other states, UNICEF efforts will focus on enhancing public awareness and creating an effective civil society movement for change.

35. At the national level, the coordinating agency for UNICEF is the Department of Women and Child Development, in the Ministry of Human Resource Development. Sectorally, the programme is developed jointly with individual line departments and ministries. Programme implementation is based on close working relationships between the 10 UNICEF state offices and the state governments and district administration in all of the major states and union territories. The overall management and performance of human and financial resources will be guided by the country programme management plan, a comprehensive analysis and framework which has been developed with wide staff participation.

36. A mid-term review will be held in late 2000 to assess programme progress and undertake any mid-course corrections that may be necessary to achieve the goals and objectives of the programme. Annual reviews will be conducted at both national and state levels. UNICEF will interact and work with all relevant ministries and departments, civil society organizations and various national and state commissions in a manner that encourages and promotes a multisectoral and partnership approach towards realizing child rights.

TABLE 1. BASIC STATISTICS ON CHILDREN AND WOMEN

India	(1996 and earlier years)		UNICEF country classification
Under-five mortality rate	111	(1996)	High USMR
Infant mortality rate	73	(1996)	High IMR
GNP per capita	$ 380	(1996)	Low GNP
Total population	944.6 million	(1996)	

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1990	1996
Births	(thousands)	21898	23608	25017	24381
Infant deaths (under 1)	(thousands)	2847	2691	2176	1780
Under-five deaths	(thousands)	4511	4179	3277	2706
Under-five mortality rate (per 1,000 live births)		206	177	131	111
Infant mortality rate (under 1) (per 1,000 live births)		130	114	87	73

		About 1980	Most recent
Underweight children (under 5) (% weight for age, 1982/1993)	Moderate & severe	41*	53
	Severe	6*	21
Babies with low birth weight (%, 1984/1990)		30	33
Primary school children reaching grade 5 (%, 1985/1993)		62	62

NUTRITION INDICATORS	About 1980	Most recent
Exclusive breast-feeding rate (<4 mos.) (%, 1993)	..	51
Timely complementary feeding rate (6-9 mos.) (%, 1993)	..	31
Continued breast-feeding rate (20-23 mos.) (%, 1993)	..	67
Prevalence of wasting (0-59 mos.) (%, 1993)	..	18
Prevalence of stunting (0-59 mos.) (%, 1993)	..	52
Total goitre rate	..	9
Household consuming iodized salt (%, 1996)	..	70

HEALTH INDICATORS		About 1980	Most recent
ORT use rate (%, 1995)		..	67
Routine EPI vaccines financed by government (%, 1996)		..	100
Access to safe water (% of population, 1980/1994)	Total	41	81
	Urban/rural	77 / 31	85 / 79
Access to adequate sanitation (% of population, 1981/1994)	Total	8	29
	Urban/rural	27 / 1	70 / 14
Births attended by trained personnel (%, 1985/1993)		33	34
Maternal mortality rate (per 100,000 live births, 1990)		..	570

Immunization		1981	1985	1990	1996
One-year-olds (%) immunized against:	Tuberculosis	12	24	97	96
	DPT	31	45	92	89
	Polio	7	35	93	90
	Measles	..	..	87	81
Pregnant women (%) immunized against:	Tetanus	24	37	77	78

* (12-59)mos., covers eight states.

TABLE 1 (continued)

India

EDUCATION INDICATORS		About 1980	Most recent
Primary enrolment ratio (gross/net) (%, 1980/1995)	Total	83 / ..	100 / 68*
	Male	98 / ..	110 / 75*
	Female	67 / ..	90 / 61*
Secondary enrolment ratio (gross/net) (%, 1980/1995)	Total	30 / ..	49 / ..
	Male	39 / ..	59 / ..
	Female	20 / ..	38 / ..
Adult literacy rate, 15 years & older (%, 1980/1995)	Total	41	52
	Male/female	55 / 25	66 / 38
Radio/television sets (per 1,000 population, 1980/1995)		38 / 4	81 / 51

DEMOGRAPHIC INDICATORS		1970	1980	1990	1996	2000
Total population	(thousands)	554911	688856	850793	944580	1006770
Population aged 0-17 years	(thousands)	258297	309366	361964	382891	392310
Population aged 0-4 years	(thousands)	86621	96705	113902	111216	111946
Urban population (% of total)		19.8	23.1	25.5	27.1	28.4
Life expectancy at birth (years)	Total	49	54	59	62	63
	Male	50	54	59	62	63
	Female	48	54	59	62	64
Total fertility rate		5.6	4.7	3.7	3.2	2.9
Crude birth rate (per 1,000 population)		39	34	29	26	24
Crude death rate (per 1,000 population)		17	13	11	9	9

		About 1980	Most recent
Contraceptive prevalence rate (%, 1980/1993)		34	41
Population annual growth rate (%, 1965-1980/1980-1996)	Total	2.2	2.0
	Urban	3.6	3.0

ECONOMIC INDICATORS		About 1980	Most recent
GNP per capita annual growth rate (%, 1965-1980/1985-1995)		15.0	3.2
Inflation rate (%, 1965-80/1985-95)		8	10
Population below $1 a day (%, 1992)		..	53
Household income share (%, 1983/1992)	Top 20%/bottom 40%	41 / 20	43 / 21
Government expenditure (% of total expenditure, 1980/1995)	Health/education	20 / 3	2 / 2
	Defence	4	14
Household expenditure (% share of total, 1980 or 1985)	Health/education	3 / 4	.. / ..
Official development assistance: (1980/1996)	$US millions	2236	1936
	As % of GNP	1	1
Debt service (% of goods and services exports(1980/1995)		9	23

* DHS 1992-93.

TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1996-1998 a/

COUNTRY: INDIA
LATEST BOARD APPROVAL: 1998
GENERAL RESOURCES: $106,465,000.00

(In thousands of United States dollars)

Programme sectors/areas	Supplies and equipment (actual)		Training grants (actual)		Project staff (actual)		Other cash (actual)		TOTAL					
									General resources b/		SF		Total (GR & SF)	
									Actual	Planned c/	Actual	Planned c/	Actual	Planned
	GR b/	FSF	GR b/	FSF	GR b/	FSF	GR b/	FSF						
Health	3,345	23,362	279	6,700	1,070	1,356	2,367	3,312	7,061	13,000	34,730	79,100	41,791	92,100
Nutrition	7,138	828	3,446	240	1,412	6	3,258	351	15,284	24,465	1,425	18,300	16,709	42,765
Water supply and sanitation	7,584	5,621	1,264	1,592	1,183	1,696	3,507	4,660	13,538	17,600	13,569	43,000	27,107	60,600
Education	2,081	377	1,300	493	1,736		4,143	1,361	9,260	17,500	2,231	29,500	11,491	47,000
Community organization and development	452	100	1,750	101	1,672		2,929	92	6,803	14,000	293	3,000	7,096	17,000
Social mobilization and advocacy	316	80	151	4	1,082		2,134	306	3,683	6,000	390	10,500	4,073	16,500
Planning and social statistics	406		3		298		358		1,065	3,500			1,065	3,500
Programme support	915		8		4,010		555		5,488	10,400		1,000	5,488	11,400
Emergency		35									35	-	35	
GRAND TOTAL	22,237	30,403	8,201	9,130	12,493	3,058	19,251	10,082	62,182	106,465	52,673	184,400	114,855	290,865

GR = General resources
FSF = Funded supplementary funding
SF = Supplementary funding, funded and unfunded

a/ Actual expenditure includes expenditure recorded as at closure 01, 30 April 1998.

b/ Actual GR expenditure includes allocations from global funds.

c/ Includes $71,600,000.00 (E/ICEF/1996/P/L.52) for 1996-1997 bridging programme and $34,865,000.00 (E/ICEF/1997/P/L.25) for 1998 bridging programme.

TABLE 3

COUNTRY: INDIA
PROGRAMME CYCLE : 1999-2002

PLANNED YEARLY EXPENDITURES

		1999	2000	2001	2002	TOTAL
CHILD AND WOMEN'S HEALTH	GR	4,500,000	4,000,000	4,300,000	3,200,000	16,000,000
	FSF					
	NSF	21,000,000	21,000,000	21,000,000	20,000,000	83,000,000
	TOTAL	25,500,000	25,000,000	25,300,000	23,200,000	99,000,000
EDUCATION	GR	5,500,000	5,000,000	4,750,000	4,750,000	20,000,000
	FSF					
	NSF	6,000,000	6,000,000	8,000,000	8,000,000	28,000,000
	TOTAL	11,500,000	11,000,000	12,750,000	12,750,000	48,000,000
CHILD DEVELOPMENT AND NUTRITION	GR	6,000,000	5,500,000	5,000,000	5,000,000	21,500,000
	FSF					
	NSF	5,000,000	5,000,000	6,000,000	6,000,000	22,000,000
	TOTAL	11,000,000	10,500,000	11,000,000	11,000,000	43,500,000
CHILD ENVIRONMENT	GR	5,200,000	5,000,000	4,900,000	4,900,000	20,000,000
	FSF					
	NSF	6,000,000	6,000,000	8,000,000	8,000,000	28,000,000
	TOTAL	11,200,000	11,000,000	12,900,000	12,900,000	48,000,000
CONVERGENT COMMUNITY ACTION	GR	2,566,972	2,549,563	2,302,170	2,587,709	10,006,414
	FSF					
	NSF	600,000	1,000,000	1,400,000	1,500,000	4,500,000
	TOTAL	3,166,972	3,549,563	3,702,170	4,087,709	14,506,414
ADVOCACY AND COMMNICATION	GR	1,535,779	1,474,905	1,543,321	1,704,508	6,258,513
	FSF					
	NSF	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
	TOTAL	2,535,779	2,474,905	2,543,321	2,704,508	10,258,513
PLANNING, MONITORING & EVALUATION	GR	911,926	824,971	914,441	1,334,836	3,986,174
	FSF					
	NSF		100,000	200,000	200,000	500,000
	TOTAL	911,926	924,971	1,114,441	1,534,836	4,486,174
CROSS-SECTORAL COSTS	GR	3,784,469	3,599,623	3,820,187	3,914,273	15,118,552
	FSF					
	NSF					
	TOTAL	3,784,469	3,599,623	3,820,187	3,914,273	15,118,552
CHILD PROTECTION	GR	1,823,854	1,649,938	1,728,881	1,969,674	7,172,347
	FSF					
	NSF	2,000,000	2,000,000	3,000,000	3,000,000	10,000,000
	TOTAL	3,823,854	3,649,938	4,728,881	4,969,674	17,172,347

TABLE 3

COUNTRY: INDIA
PROGRAMME CYCLE : 1999-2002

PLANNED YEARLY EXPENDITURES

		1999	2000	2001	2002	TOTAL
	GR	31,823,000	29,599,000	29,259,000	29,361,000	120,042,000
	FSF					
TOTAL, PROGRAMME BUDGET	NSF	41,600,000	42,100,000	48,600,000	47,700,000	180,000,000
	TOTAL	73,423,000	71,699,000	77,859,000	77,061,000	300,042,000
STAFF COSTS a/		2,355,395	2,453,623	2,565,075	2,684,101	10,058,994
GENERAL OPERATING COSTS		1,275,132	1,408,260	1,421,460	1,419,560	5,524,412
TOTAL, ESTIMATE SUPPORT BUDGET		3,630,527	3,861,883	3,987,335	4,103,661	15,583,406
GRAND TOTAL		77,053,527	75,560,883	81,846,335	81,164,661	315,625,406

GR = general resources.
FSF = funded supplementary funding.
NSF = new supplementary funding.

a/ Including consultants and temporary assistance.

E/ICEF/1998/P/L.31

TABLE 4

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

COUNTRY : INDIA
PROGRAMME : 1999-2002

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET				POSTS a/										STAFF COSTS b/		
	GR	FSF	NSF	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
GENERAL RESOURCES :																	
CHILD AND WOMEN'S HEALTH	16,000,000			16,000,000	0	0	1	0	0	0	1	2	6	9	745,414	616,271	1,361,685
EDUCATION	20,000,000			20,000,000	0	0	1	0	0	0	1	10	3	14	745,414	1,730,581	2,475,995
CHILD DEVELOPMENT AND NUTRITION	21,500,000			21,500,000	0	0	1	1	0	0	2	9.9	4	15.9	1,365,719	1,558,580	2,924,299
CHILD ENVIRONMENT	20,000,000			20,000,000	0	0	1	1	0	0	2	2	4	8	1,365,719	587,516	1,953,235
CONVERGENT COMMUNITY ACTION	10,006,414			10,006,414	0	0	1	0	0	0	1	8	2	11	745,414	1,348,583	2,093,997
ADVOCACY AND COMMNICATION	6,258,513			6,258,513	0	0	0	0	0	0	0	5	2	7	0	813,046	813,046
PLANNING, MONITORING & EVALUATION	3,986,174			3,986,174	0	0	1	0	0	0	1	2	2	5	745,414	501,204	1,246,618
CROSS-SECTORAL COSTS	15,118,552			15,118,552	0	1	1	3	3	0	8	9	102.6	119.6	5,053,618	6,203,123	11,256,741
CHILD PROTECTION	7,172,347			7,172,347	0	0	0	0	2	0	2	6	0	8	1,036,068	983,532	2,019,600
TOTAL GR	120,042,000			120,042,000	0	1	7	5	5	0	18	53.9	125.6	197.5	11,802,780	14,342,436	26,145,216
SUPPLEMENTARY FUNDING :																	
CHILD AND WOMEN'S HEALTH		0	83,000,000	83,000,000	0	0	0	1	0	0	1	11.4	7.9	20.3	620,305	2,242,839	2,863,144
EDUCATION		0	28,000,000	28,000,000	0	0	0	1	0	0	1	1	0	2	620,305	163,922	784,227
CHILD DEVELOPMENT AND NUTRITION		0	22,000,000	22,000,000	0	0	0	0	0	0	0	0.7	0	0.7	0	79,960	79,960
CHILD ENVIRONMENT		0	28,000,000	28,000,000	0	0	0	0	3	0	3	9	1.5	13.5	1,554,102	1,377,254	2,931,356
CONVERGENT COMMUNITY ACTION		0	4,500,000	4,500,000	0	0	0	0	0	0	0	1	1	2	0	225,342	225,342
ADVOCACY AND COMMNICATION		0	4,000,000	4,000,000	0	0	0	0	0	0	0	0	0	0	0	0	0
PLANNING, MONITORING & EVALUATION		0	500,000	500,000	0	0	0	0	0	0	0	0	0	0	0	0	0
CROSS-SECTORAL COSTS		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CHILD PROTECTION		0	10,000,000	10,000,000	0	0	0	0	0	0	0	1	0	1	0	163,922	163,922
TOTAL SF		0	180,000,000	180,000,000	0	0	0	2	3	0	5	24.1	10.4	39.5	2,794,712	4,253,239	7,047,951
TOTAL GR & SF	120,042,000	0	180,000,000	300,042,000	0	1	7	7	8	0	23	78	136	237	14,597,492	18,595,675	33,193,167
SUPPORT BUDGET			Operating costs	5,526,412													
			Staffing		1	1	1	4	0	0	7	9	57	73	4,684,990	5,224,004	9,908,994

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET				POSTS a/									STAFF COSTS b/		
GRAND TOTAL (GR + SF + SB)	GR	FSF	NSF	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
					1	2	8	11	8	0	30	87	193	310	19,282,482	23,819,679	43,102,161
Number of posts and staff costs:																	
Current programme cycle											31	84	198	313			
At the end of proposed programme cycle (indicative only)											30	87	193	310	19,282,482	23,819,679	43,102,161

GR = general resources.
SF = supplementary funding.
FSF = funded supplementary funding.
NSF = new supplementary funding.
IP = international Professional.
NP = national Professional.
GS = General Service.
SB = support budget.

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Excludes temporary assistance and overtime.